

Vaccine Inventory Issue/Return Receipt Off-site Immunization Clinic

I, _____, acknowledge that I must ensure that the vaccines that I am taking off-site will be maintained at the required temperature range of (2-8°C) for the duration of the immunization event and I am required to check the temperature of the mobile storage container(s) a minimum of every hour.

Vaccine Type	Lot Number	Quantity Removed	Date/Time Removed	Quantity Returned	Date/Time Returned	Comments

Temperature when removed: _____ Temperature when returned: _____

** Use the temperature chart below to document mobile storage unit temperatures a minimum of every hour while off-site.

Off-site hour #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials															
Room Temp.															
Exact Time															
°C Temp															
≥11°															
10°															
9°															
8°															
7°															
6°															
5°															
4°															
3°															
2°															
1°															
0°															
≤-1°															

Storage unit temperature

Take immediate **corrective** action if temperature is in shaded section*

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